TRAUMA REGISTRY ADVISORY COMMITTEE (TRAC)
Executive committee
August 28, 2002

Purpose: Provide an opportunity for the core stakeholders to guide development of the process for the Trauma Registry and Injury Surveillance data linkage project.

Attendance: Dick Schultz, Boni Carrell, Chris Marselle, Randy Cordle, Kay Chicoine, John Cramer, Steve Millard, Bob Seehusen.

Decisions:
Committee is named TRAC (Trauma Registry Advisory Committee)
Executive Steering Committee organized.
Steve Millard is appointed chair.

Action Items:
Complete SWOT in next two weeks.
Review/provide guidelines from last group
Boni will select next meeting topics based on today's adjustments on timeline.
Boni will revise and reformat timeline in a GANTT chart.

Future Meeting Dates:
08:30 to 15:00
October 18, 2002
December 17, 2002

Parking Lot:
Professional education opportunities as part of plan.
Data sets, etc priority budget impacts
Project budget
Look at upfront fixed costs in the first year
General Training Plan
What questions do we want to answer – design data sets
Understanding of impact of data collection of rural hospital
Centralize collection vs train all facilities
Inclusion criteria
Be sure to pull forward at key points work previously done
Matrix – EMS-OHS. Identify common data, gaps in data

Topic	Discussion	Outcome/Decisions
Welcome	Boni reviewed Title 57, Chapter 20 and the purpose of the registry.	
SWOT Analysis: Strengths, Weaknesses, Opportunities, Threats	Start with the data set (report from Legislature) and pick those specific to Idaho. Review minutes from prior meetings. Look at Clay Mann's report of strengths and weaknesses of registries. Legislation itself addresses these questions.	The Committee opted to utilize data set information already compiled for the Legislature as a starting point to develop a data-driven SWOT Analysis rather than an expert-opinion brainstorming analysis. Boni will compile SWOT, email to participants for comment in order to finalize timeline and SWOT.
Plan for Accomplishing Requirements	Boni reviewed the Plan that was submitted to HRSA which provided strong evaluation of the processes. **Goal 1**: *Convene Stakeholders Group using a subcommittee of EMSAC and additional stakeholders from relevant disciplines and agencies*. Boni clarified that EMS Physicians refers to EMS medical directors. **Goal 2**. *Design an Idaho Trauma Registry.* A suggestion was made to address professional educational issues as the registry gains data. Boni clarified that the objective threshold provides a strong evaluation tool. **Goal 3**. *Promulgate rules according to the defined Idaho Administrative Rule Making Process.* Town Hall meetings and formal hearings are part of the negotiated rule making process if necessary. Suggestion was made to involve stakeholders and advocates who might oppose in the planning and development phase.	

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	Goal 4.*Provide an annual report to the Idaho Legislature on the status of the Idaho Trauma Registry.* Won't have data but will be able to provide a progress update which will be a compilation of committee findings and plan.	
Review the timeline and agenda items for proposed meetings for the Trauma Advisory Sub-Committee.	Items in bold require further work by the Bureau. The 2004 Report would have 6 months of data. Currently 5 hospitals are using registries and 5 additional hospitals have registries they are not using. A suggestion to compress the timeline is not possible because we are not prepared to meet the September 15, 2000 deadline for submitting rulemaking for the 2003 Legislative sessions. These rules do not meet the emergency temporary rules criteria. Elaborate front end planning will be more effective than rushing to rulemaking. **Implementation dates**: Can't meet emergency rules criteria so the first possible implementation date would be after the Legislature adjourns in April 2004 or the Legislature sets an implementation date. Could set implementation date in the Rules. Can we accomplish training prior to the implementation date? **Budget Issues:** Funding Sources: Boni reviewed current funding available and possible future sources. Do we have any idea of the cost of data linkage between OHS and EMS? Software already purchased at $5,000 should be subtracted from the $158,000. Remaining expense is manpower. Injury surveillance and bio-terrorism funding would not be applicable because the trauma registry would not meet the criteria for disease surveillance.	**Timeline Revisions** Start Rule making July 2003. Determine whether the training of hospital staff will be concurrent or staggered. Implement Rules April-September 2004. Identify points in the plan at which funding discussions need to occur. Capital expenditures/fixed costs has to be after rulemaking. Define reporting format and timelines in Rules. Inclusion Criteria. Change wording to "ratify inclusion criteria to ensure meets Legislative intent."

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	Is there enough funding? Contract relationship – IHA and Cancer Data Registry gave estimate – dependent on software cost between $100,000 to $300,000. Difficult to answer until know the scope of the registry and the available technology. Include this as a weakness and threat on SWOT. Sunset on Legislation is 2008. Will have to look for more opportunities for additional funding.	
	Look at cost benefit of number of data points. Prioritization of and cost of data points will impact entire budget.	
	Guiding factors for planning are the Legislative rulemaking process and requirements of fund sources.	
	Other resources besides funding are available such as access to the OHS data infrastructure at no cost. There are also established mutual training methods among hospitals. Small hospitals could send data to hubs. There are many options that could reduce costs.	
	Is funding lost if not used in a specific time frame. HRSA money 35,000 good till January 31,2003, $40,000 good for a fiscal year – August 2002 to August 2003. Ability to carry over 6 months. OHS available through 2004 – ? could be carried over in 2005.	
	A suggestion to procure front end fixed costs the first year will not be possible without Legislative rule implementation. Can't make capital expenditures before rule authority – federal and grant funds.	
	Education costs will be the same regardless of the selected number of data points.	
	How will rural hospitals be impacted? Data collection methods of rural hospitals will affect costs.	
	Funds are currently available to	

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	accomplish assessment and design which is first piece of rulemaking. Are the grant funds going to pay to promulgate rules? Yes. There are two costs: printing the rules and holding public hearings. **Define data set:** A lot of preliminary work already done. Need to formalize. Cross walk of data – link OHS-EMS. Don't duplicate data currently collected by EMS and OHS in the registry. Know where there is overlap. Need to know what data is in the OHS crash reports. Could also identify what is not being collected. Linkage will have to take place to meet the intent of the Legislation. A matrix of OHS and EMS data has been completed. Reporting format and timeframes need to be included in the rules.	
Potential Members for the Trauma Registry Advisory Sub-Committee of EMSAC	Are EMSAC and ad hoc members representative of the stakeholders? What is the authority of the Committee? The subcommittee will report to EMSAC. EMSAC will in turn make recommendations to the state health officer, who has ultimate authority. Legislation gave trauma registry project authority to the EMS Bureau. Rural health and pediatrics are required in the grant specifications. The remaining categories are suggestions and are not currently represented in EMSAC. Definition of "rural health" is practitioner, facility, or official from rural health administration or institutes. Select members from original committee and represent geographic regions. The bio-terrorism and consumer representatives were deleted. Be creative in agenda setting to better utilize physician time.	Executive group established: Members are: Dick Schultz, Boni Carrell, Chris Marselle, Randy Cordle, Kay Chicoine, John Cramer, Steve Millard, Bob Seehusen., Dia Gainor. Dick will appoint Steve Millard as sub-committee chair. Boni will orient new members. **Suggested Representatives** 1. Attorney familiar with HIPPA. Ron Hodge 2. Rural health administrator or practitioner. (Susan Kunz, Jay Blackshear) 3. Hospital Data Analyst

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	Representatives will take information to constituent. Public Health registries – could be HIPPA exempt. Department of Health and Welfare is waiting for ruling. A rehabilitation physician representative was considered The patient outcome is better if rehabilitation is involved. Rehabilitation is a cost to society and data from this venue represents an entirely different set of data, but is not the intent of the Legislation.	(OHS will be sending an analyst.) 4. Trauma Nurse: Pam Humphrey, Lynette Sharp, Shelly 5. Trauma Center Administrator Chris Marselle 6. Pediatrics: Randy Cordle, David Christensen, Paul Jensen 7. Public Health and Injury prevention: Ginger Franks 8. Trauma Surgeon: Robert Coscia (only trauma center) and William Ganz (north Idaho) 9. Hospital Administrator: Joe Morris 10. EMS Physicians: Doug Kartel, Murry Sturkie, Po Hwang 11. Clinical Researcher: Leslie Tengelsen – Consulting capacity Those who might provide an opposition perspective: Susan Kunz, Legislative champion: Senator Darrington, Elmer Martinez (paramedic) or Margaret Henbest Skip Brandt (Search & rescue member).

Topic	Discussion	Outcome/Decisions
Possible Agenda Items for Future Meetings	1. Review, revise and adopt Bylaws/Charter. 2. Inclusion Criteria comparison analysis 3. Questions we want to answer/ask of data base (Clay Mann – What Q they asked) 4. History – Review of process so far 5. Committee Charge 6. Linkage Education: Review Matrix EMS/OHS 7. SWOT – Final document 8. Prioritize data set.	
Other Items	Name of Committee: Trauma Registry Advisory Committee – TRAC. Suggestion to name Registry in memory of Duncan Harviel.	Dick approved providing lunch.